



09-11-06

ITW/H

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

14

Application Number

10/630,604

Filing Date

JULY 29, 2003

First Named Inventor

AOKI et al.

Art Unit

1656

Examiner Name

KAM, Chih Min

Attorney Docket Number

17328-CON3 (BOT)

ENCLOSURES (Check all that apply)

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information |
| <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement | <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): * DECLARATION OF STEPHEN DONOVAN UNDER 37 CFR 1.131 * RETURN RECEIPT POSTCARD * EXHIBITS A & B |
| <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks CUSTOMER NO. 51957 | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

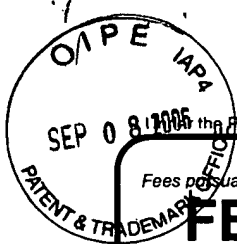
| | | | |
|--------------|-------------------|----------|--------|
| Firm Name | ALLERGAN, INC. | | |
| Signature | | | |
| Printed name | CLAUDE L. NASSIF | | |
| Date | SEPTEMBER 8, 2006 | Reg. No. | 52,061 |

CERTIFICATE OF TRANSMISSION/MAILING

| | | | |
|---|------------------|------|-------------------|
| I hereby certify that the above-identified documents are being deposited with the United States Postal Service on September 8, 2006 in an envelope as "Express Mail Post Office To Addressee" mailing label number EV 763 326 277 US with sufficient postage for Express Mail addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | | | |
| Signature | | | |
| Typed or printed name | ADRIANE GIBERSON | Date | SEPTEMBER 8, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **580**

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 10/630,604 |
| Filing Date | JULY 29, 2003 |
| First Named Inventor | AOKI et al. |
| Examiner Name | KAM, Chih Min |
| Art Unit | 1656 |
| Attorney Docket No. | 17328-CON3 (BOT) |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **01-0885** Deposit Account Name: **ALLERGAN, INC.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|-----------------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims 35 | | |
| Extra Claims | Fee (\$) | Fee Paid (\$) |
| 15 - 20 or HP = -- 0 -- | x \$50 = | -- 0 -- |
| HP = highest number of total claims paid for, if greater than 20. | | |
| Indep. Claims 6 | | |
| Extra Claims | Fee (\$) | Fee Paid (\$) |
| 4 - 3 or HP = -- 0 -- | x \$200 = | -- 0 -- |
| HP = highest number of independent claims paid for, if greater than 3. | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|--------------------------------|---------------|
| 150 - 100 = | | / 50 = | (round up to a whole number) x | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)**

Other (e.g., late filing surcharge): Fee under 37 C.F.R. §1.20(d) for filing a Statutory Disclaimers (\$130) & fee for a 2 mo. ext. of time (\$450) **\$580**

SUBMITTED BY

| | | | |
|-------------------|------------------|--|------------------------|
| Signature | | Registration No. (Attorney/Agent) 52,061 | Telephone 714-246-6458 |
| Name (Print/Type) | CLAUDE L. NASSIF | | Date SEPTEMBER 8, 2006 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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